



**Division Of Fire and Rescue Services  
Montgomery County, Maryland**

**REQUEST FOR APPROVAL  
COMMAND OFFICER PROFESSIONAL  
DEVELOPMENT AND IMPROVEMENT  
(Non-County Credit)**

**Part A:**

<b>Name:</b>	<b>Rank</b>	<b>Dept:</b>
<b>Program Attended:</b>		
<b>Location:</b>		
<b>Date(s):</b>	<b>Length (Contact Hours)</b>	
<b>Sponsoring Agency:</b>		
NFPA 1021 Fire Officer Professional Qualifications Standards		
Objective(s) Covered by Program:		
Submitted by:		
Signature:		Date:

**Part B**

I, \_\_\_\_\_, verify that the individual above attended the program indicated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Position

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**Part C**

<input type="checkbox"/>	Program approved for [    ] Hours of Continuing Education
<input type="checkbox"/>	Program Not Approved for Continuing Education
Reason:	
Training Officer:	
Date:	